

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	<b>Attorney Docket No.</b>	020824-001110US
	<b>First Named Inventor</b>	Mark Flowers
	<b>Original Patent Number</b>	5,877,458
	<b>Original Patent Issue Date (Month/Day/Year)</b>	03/02/99
	<b>Express Mail Label No.</b>	<i>EV33210815745</i>

**APPLICATION FOR REISSUE OF:**  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

**APPLICATION ELEMENTS (37 CFR 1.173)**

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format  
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. 1.175)(PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identify of above copies

**ACCOMPANYING APPLICATION PARTS**

10. ☒ Statement of status/support for all  
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
  - ☐ Ribbioned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

☒ Customer Number

**20350**

OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

NAME (Print/Type) Patrick R. Jewik Registration No. (Attorney/Agent) 40,456

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
020824-001110US**Claims as Filed - Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 16	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 26	**** 6	= X\$ ____ =		or	X\$18=	108
(C) 4		(D) 1	* 0				= X\$ ____ =	X\$0=
Basic Fee (37 CFR 1.16(h))					\$			\$ 750
Total Filing Fee					\$		OR	\$ 868

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	= X\$ ____ =		X\$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=				
Total Additional Fee					\$		OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☒ Please charge Deposit Account No. 20-1430 in the amount of \$ 818.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-1430.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**September 18, 2003  
Date  
Signature of Applicant, Attorney or Agent of RecordPatrick R. Jewik  
Typed or printed name40,456  
Reg. No.